

Rep. Slaughter Introduces Emergency Contraception Education Act- July 18, 2005

Rep. Slaughter Introduces Bill that Would Help Prevent Unwanted Pregnancies and Lower Abortion Rates

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Mr. Speaker, today, I am proud to introduce the Emergency Contraception Education Act. By improving education among the public and health professionals about emergency contraception (EC), my bill will help protect women's reproductive health, reduce unwanted pregnancies, and prevent abortions.

Each year in the U.S., there are 3 million women who must contend with the reality of an unintended pregnancy. Half of these end in abortion. Experts estimate that widespread use of EC could prevent as many as 50% of these unintended pregnancies, which would dramatically reduce the number of abortions in this country. The Alan Guttmacher Institute has documented its effectiveness--estimating that increased use of EC accounted for up to 43 percent of the total decline in abortion rates between 1994 and 2000.

Emergency contraception is a concentrated form of the daily birth control pills taken by nearly 12 million women in the U.S. It does not cause abortion, but instead stops the release of an egg from the ovary. EC is a safe and effective means of preventing pregnancy--it has low-toxicity and no potential for overdose or addiction; it is not harmful to an existing pregnancy; and because there are no important drug interactions, there is no need for medical screening allowing for self-identification of the need. Furthermore, EC will not harm an established pregnancy. If taken within 72 hours after unprotected sex or contraceptive failure, EC can reduce the risk of pregnancy by as much as 89 percent. But because of the narrow window of effectiveness, timely access to EC is critical.

In light of its safety and efficacy, the American Medical Association and the American College of Obstetricians and Gynecologists have supported more widespread availability of EC. Yet, many patients and health care providers remain uninformed about this important contraception option. Only 1 in 10 women of reproductive age in the US. are aware of EC. In 2003, the Kaiser Foundation conducted a survey to examine teens and adults' knowledge and opinions of EC in California. What they found was very disconcerting--nearly 40 percent did not know that EC was available in the U.S., and half of adult women who had heard of EC, mistakenly thought that it was the "abortion pill," also known as RU-486. Only 7 percent of adults who have heard of EC learned about it from their health care professional. Even women who had a gynecologic exam in the last year were no more likely to have learned about EC from their doctor.

Unfortunately, lack of knowledge and the failure to provide patients with information on EC is a familiar trend throughout this country. Only one in five ob/gyns in the U.S. routinely discuss emergency contraception with their patients. Less than 18 percent of hospitals provide emergency contraception at a woman's request without restrictions. And, tragically nearly 50 percent of hospitals do not provide EC to a woman who has been sexually assaulted, even though it is often the only contraceptive option for the 300,000 women who are raped each year.

Healthy People 2010, published by the Office of the Surgeon General, establishes a 10 year national public health goal of increasing the proportion of health care providers who provide emergency contraception to their patients. My bill will move us much closer toward achieving this goal. The Emergency Contraception Education Act will initiate a large-scale education campaign to better inform women and health care providers about emergency contraception. Specifically, this

bill will direct the Secretary of Health and Human Services to develop and disseminate information on EC to health care providers, including recommendations on the use of EC in appropriate cases, and how to obtain copies of information developed by HHS for distribution to patients. The Secretary will also be required to develop and disseminate information on EC to the American public.

EC could help drastically reduce the number of unwanted pregnancies and abortions in the United States. However, barriers to information and access hinder this preventative contraceptive method from reaching its full potential. We can and we must do more to protect women's reproductive health by increasing knowledge of emergency contraception and expanding access to this critical preventative solution.

Mr. Speaker, I urge Members to cosponsor my bill today.